

EXHIBIT 3

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name as it will appear on the ballot; no abbreviations or titles may be used. ANDREW L. COLBORN		Street, fire, or rural route number; box number (if rural route); and name of street or road <	
Name municipality for mailing purposes	Name of municipality for voting purposes <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	State WI	zip code 53001
Type of election <input checked="" type="checkbox"/> spring <input type="checkbox"/> special		Election date 04/01/03	
Title of office TOWN CONSTABLE	<input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat	Branch district or seat number	Name of jurisdiction or district in which candidate seeks office TOWN OF KOSSUTH

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity vote for ☐ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.									
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.									
SIGNATUR		F ELEC	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.			MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City		DATE OF SIGNING	
1.	B	ieb	rou				<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kossuth	12-31-02
2.	C	re	ier				<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kossuth	12-31-02
3.	D	lor	G				<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kossuth	1-2-03
4.	Ve	n	um				<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kossuth	1-2-03
5.	She	y	me				<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kossuth	1-3-03
6.	C	re	ha				<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kossuth	1-3-03
7.	D						<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kossuth	1-3-03
8.	k	uld	la				<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kossuth	1-3-03
9.	M	ore	ll				<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kossuth	1-3-03
100	D	re	ll				<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Kossuth	1-3-03

CERTIFICATION OF CIRCULATOR

ANDREW L. COLBORN

_____, certify:

reside at [REDACTED] number, street, and municipality.

personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction and district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I reside within the district which the candidate will represent, if elected. I intend to support this candidate. I am aware that falsifying this certification is punishable under ss.12.13(3)(a), Stats.

12-31-02

(Date)

(Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name as it will appear on the ballot; no abbreviations or titles may be used. ANDREW L. COLBORN		Precinct number box no. _____ and name of street or road _____	
Name municipality for mailing purposes _____	Name of municipality for voting purposes <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	State WI	zip code _____
Type of election <input checked="" type="checkbox"/> spring <input type="checkbox"/> special		Election date 04-01-03	
Title of office CONSTABLE	Branch district or seat number <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat	Name of jurisdiction or district in which candidate seeks office KOSSUTH	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity vote for ☐ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>[Signature]</i>	1220	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	12-21-02
2. <i>[Signature]</i>	47	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	12-21-02
3. <i>[Signature]</i>	747	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	12-21-02
4. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	12-21-02
5. <i>[Signature]</i>	2d 1220	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	12-21-02
6. <i>[Signature]</i>	2d 1220	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	12-23-02
7. <i>[Signature]</i>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	12-29-02
8. <i>[Signature]</i>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	12-29-02
9. <i>[Signature]</i>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	12-29-02
10. <i>[Signature]</i>	247	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	12/30/02

SIGNATURE OF CIRCULATOR
ANDREW L. COLBORN

side at _____, certify:
(Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I reside within the district which the candidate will represent if elected. I intend to support this candidate. I am aware that falsifying this certification is punishable under ss.12.13(3)(a), Stats.

2-31-02
(Date)

(Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name as it will appear on the ballot; no abbreviations or titles may be used. ANDREW L. COLBORN			Street, fire, or rural route number box number (if any) name of street or road		
Name municipality for mailing purposes	Name of municipality for voting purposes <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KOSSUTH	State WI	zip code	Type of election <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date 04-01-03
Title of office CONSTABLE		Branch district or seat number <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office TOWN OF KOSSUTH	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kossuth	12-30-02
2.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kossuth	12-30-02
3.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kossuth	12-30-02
4.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kossuth	12-30-02
5.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kossuth	12-31-02
6.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kossuth	12-31-02
7.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kossuth	12/31/02
8.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kossuth	12/31/02
9.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kossuth	12/31/02
10.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kossuth	12/31/02

CERTIFICATION OF CIRCULATOR

ANDREW L. COLBORN, certify:

reside at _____
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I reside within the district which the candidate will represent if elected. I intend to support this candidate. I am aware that falsifying this certification is punishable under ss.12.13(3)(a), Stats.

12-31-02 _____
(Date) (Signature of circulator)